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Bib Data Sheet

CONFIRMATION NO. 6687

<b>SERIAL NUMBER</b> 09/698,787	<b>FILING DATE</b> 10/27/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2181 <i>3626</i>	<b>ATTORNEY DOCKET NO.</b> 50824-2-2-1
<b>APPLICANTS</b> Victor Levy, Clearwater, FL; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/162,564 10/29/1999 <i>OK NP</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE NP</i> <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>** SMALL ENTITY **</b> <b>GRANTED ** 12/28/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <i>YR</i> Acknowledged Examiner's Signature Initials <i>NP</i>		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 7
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> VITA CONFORTI Davis Wright Tremaine LLP 2600 Century Square 1501 Fourth Avenue Seattle ,WA 98101-1688				
<b>TITLE</b> Process for consumer-directed diagnostic and health care information				
<b>FILING FEE RECEIVED</b> 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	